

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7172</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JOHN</u> <u>A</u> <u>DEGAZZIO</u> P.O. Box, Bldg., Room No., if any Street <u>77 OVERBROOK RD</u> City <u>FREEHOLD NJ</u> State <u>NJ</u> <u>07728</u> ZIP Code + 4 5. Position in labor organization. <u>TRUSTEE/BUSINESS AGENT</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTER LOCAL UNION # 701</u> Labor Organization File Number <u>002101</u> P.O. Box, Building and Room Number, if any <u>SUITE B</u> Street <u>2003 RT 130</u> City <u>NORTH BRUNSWICK</u> State <u>NJ</u> <u>08902</u> ZIP Code + 4

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*John A. Degazio*

On

8/10/05  
Date

1 732 297 2701  
Telephone Number

Name of Person Filing	JOHN DEGAZIO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

N/A

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

N/A

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  BAKERY DRIVERS 194 WELFARE AND PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  2952 VAUXHALL ROAD

City  VAUXHALL

State  N.J. 07088 ZIP Code + 4  1246

14.a. Nature of payment.

SEE ATTACHED

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

**BAKERY DRIVERS LOCAL 194***welfare and pension funds***EMPLOYER TRUSTEES**RODNEY G. MALARCHIK, Secretary  
DAVID R. RUSSELL

July 29, 2005

**UNION TRUSTEES**JOHN DeGRAZIO, Chairman  
MICHAEL J. GUTHNECK, SR.  
ERNEST A. SOEHL2952 VAUXHALL ROAD  
VAUXHALL, NJ 07088-1246  
TEL: (908) 687-1542  
FAX: (908) 688-3153

24

Mr. Ernie Soehl, President  
International Brotherhood of Teamsters  
Local 701  
2003 U.S. Highway 130, Suite B  
North Brunswick, NJ 08902**Re: LM-30 Reporting**

Dear Ernie:

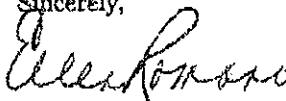
Pursuant to your letter dated July 15, 2005 concerning the above referenced, I have reviewed Fund Office records and have found that the Pension and Welfare Fund had expenditures for two union officers for the 2004 calendar year. Those expenditures were for a Segal Advisors Educational Conference held in San Juan, Puerto Rico from April 24-April 29, 2004, and the breakdown is as follows:

<b>John De Grazio, Union Officer</b>	
Conference fee	\$ 850.00
Aiffare	\$ 286.40
Transportation to airport	\$ 91.60
Hotel	\$ 1,383.75
Daily expenses total (food, transportation, daily services, etc.)	\$ 1,003.90
<b>Total</b>	<b>\$ 3,615.65</b>

<b>Michael J. Guthneck, Sr., Union Officer</b>	
Conference fee	\$ 850.00
Aiffare	\$ 286.40
Transportation to Airport	\$ 90.20
Hotel	\$ 1,408.10
Daily expenses total (food, transportation, daily services, etc.)	\$ 817.00
<b>Total</b>	<b>\$ 3,451.70</b>

If you have any questions regarding the above, please feel free to contact me.

Sincerely,


Ellen Romano  
Fund Manager

/er

cc: Board of Trustees  
Fred Marx, Esq.

Name of Person Filing

JOHN DE GAZIO

File Number U-

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8. Name and address of Business (Including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).

Name UNION LABOR LIFE INSURANCE COMPANYTrade Name, if any: ULLICOP.O. Box, Bldg., Room No., if any 13TH FLOORStreet 8403 COLESVILLE ROADCity SILVER SPRING,State MD. 20910

ZIP Code + 4

14.a. Nature of payment.

SERVICE PROVIDER PURCHASED  
MEAL FOR FUND STAFF  
CHRISTMAS PARTY  
LA GIGLA'S KENILWORTH NJ  
12/10/05

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$ 7215

Name of Person Filing <u>JOHN DE GRAZIO</u>	File Number U-
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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

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- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UNION LABOR LIFE INSURANCE COMPANY

Trade Name, if any: ULLICO

P.O. Box, Bldg., Room No., if any 13TH FLOOR

Street 8403 COLEVILLE ROAD

City SILVER SPRING

State MD 20910 ZIP Code + 4

14.a. Nature of payment.

MEETING WITH SERVICE  
PROVIDER AND PURCHASED  
A MEAL  
MARTINI'S MILLBURN NJ  
5/7/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30.11